

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

4757-62-021088
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED MAY 23 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS		c. CITY OR TOWN UNIVERSITY CITY	
Length of stay in lb TWO WEEKS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL		d. STREET ADDRESS (If outside, give location) 7048 KINGSBURY	
3. NAME OF DECEASED (Type or print) First JOHN Middle M Last TRAVIS		4. DATE OF DEATH Month 5 Day 8 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/25/1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MULTI-PLEX CO		10b. KIND OF BUSINESS OR INDUSTRY BEVERAGE DISPENSER	
11. BIRTHPLACE (City and state or country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME JOHN M TRAVIS		13b. MOTHER'S MAIDEN NAME AGNES WALSH	
14. NAME OF HUSBAND OR WIFE JOSEPHINE N TRAVIS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	
17. INFORMANT GLEN TRAVIS		Address 8 EXMOOR DR	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) with urticaria & myocardial degeneration - M.I. DUE TO (b) Arteriosclerosis & heart disease DUE TO (c) 420.0			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 1) Diabetes Mellitus. Arteriosclerosis & degeneration of left ventricle			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>
20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20e. TIME OF INJURY Hour 12:05 AM Month, Day, Year May 8 '62			
20f. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20g. CITY, TOWN, OR LOCATION ST. LOUIS			
20h. COUNTY MO			
20i. STATE MO			
21. I attended the deceased from January '58 to May 8 '62 and last saw him alive on 5-7-62 Death occurred at about 12:05 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James A. Munnish M.D.		22b. ADDRESS 35 N. CENTRAL Clayton Mo.	
22c. DATE SIGNED 5-9-62		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) ENTOMBMENT		23b. DATE 5/10/1962	
23c. NAME OF CEMETERY OR CREMATORY CALVARY MAUSOLEUM		23d. LOCATION (City, town, or county) ST. LOUIS MO	
24. FUNERAL DIRECTOR STOCK MORTUARY		25. ADDRESS 889 S BRENTWOOD	
25. DATE RECD. BY LOCAL REG. MAY 8 1962		26. REGISTRAR'S SIGNATURE Loed Smith, M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul A. Wachter

Licensed Embalmer No. 4727

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.